

FOR THE
EASTERN DISTRICT OF PENNSYLVANIA

**ATTORNEY
COPY**

UNITED STATES OF AMERICA

Plaintiff

CIVIL NO. 02CV4857

vs.

ROBIN L. GOOD

FILED JUL 08 2003

Defendant

CERTIFICATE OF SERVICE
PURSUANT TO Pa.R.C.P. 3129.2 (c) (2)

Joseph A. Goldbeck, Jr., Esquire, Attorney for Plaintiff, hereby certifies that service on the Defendants of the Notice of Sheriff Sale was made by:

- ☐ Personal Service by the Sheriff's Office/competent adult (copy of return attached).
- ☐ Certified mail by Joseph A. Goldbeck, Jr. (original green Postal return receipt attached).
- ☐ Certified mail by Sheriff's Office.
- ☐ Ordinary mail by Joseph A. Goldbeck, Jr., Esquire to Attorney for Defendant(s) of record (proof of mailing attached).
- ☐ Acknowledgment of Sheriff's Sale by Attorney for Defendant(s) (proof of acknowledgment attached).
- ☐ Ordinary mail by Sheriff's Office to Attorney for Defendant(s) of record.

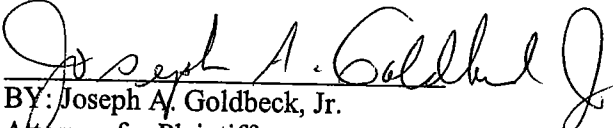
IF SERVICE WAS ACCOMPLISHED BY COURT ORDER.

- ☒ Premises was posted by Sheriff's Office/~~competent adult~~ (copy of return attached).
- ☐ Certified Mail & ordinary mail by Sheriff's Office (copy of return attached).
- ☒ Certified Mail & ordinary mail by Joseph A. Goldbeck, Jr. (original receipt(s) for Certified Mail attached).

Pursuant to the Affidavit under Rule 3129 (copy attached), service on all lienholders (if any) has been made by ordinary mail by Joseph A. Goldbeck, Jr., Esquire (copies of proofs of mailing attached).

The undersigned understands that the statements herein are subject to the penalties provided by 18 P.S. Section 4904.

Respectfully submitted,


BY: Joseph A. Goldbeck, Jr.
Attorney for Plaintiff

TO: GOOD, ROBIN L. (property)
ROBIN L. GOOD
279 DUKE STREET
EPHRATA, PA 17522

SENDER: GOLDBECK MCCAFFERTY & MCKEEVER
April 26, 2003

REFERENCE: GOOD, ROBIN L. / USA-0174
- Lancaster

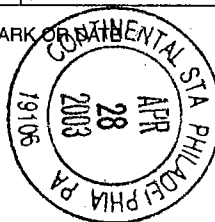
PS Form 3800, June 2000

| | | |
|------------------------------|----------------------|--|
| RETURN RECEIPT SERVICE | Postage | |
| | Certified Fee | |
| | Return Receipt Fee | |
| | Restricted Delivery | |
| | Total Postage & Fees | |

US Postal Service
**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do Not Use for International Mail

POSTMARK OR DATE



TO: GOOD, ROBIN L.
ROBIN L. GOOD
141 Westglen Drive
Fort Pierce, FL 34981

SENDER: GOLDBECK MCCAFFERTY & MCKEEVER
April 26, 2003

REFERENCE: GOOD, ROBIN L. / USA-0174
- Lancaster

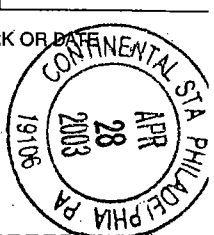
PS Form 3800, June 2000

| | | |
|------------------------------|----------------------|--|
| RETURN RECEIPT SERVICE | Postage | |
| | Certified Fee | |
| | Return Receipt Fee | |
| | Restricted Delivery | |
| | Total Postage & Fees | |

US Postal Service
**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do Not Use for International Mail

POSTMARK OR DATE



GOLDBECK MCCAFFERTY & McKEEVER

Suite 500 The Bourse Building
111 S. Independence Mall East
Philadelphia, Pennsylvania 19106

Check type of mail:
☐ Express
☐ Registered
☐ Insured
☐ COD
☐ Return Receipt (RR) for Merchandise
☐ Certified
☐ Int'l Rec. Del.
☐ Del. Confirmation (DC)

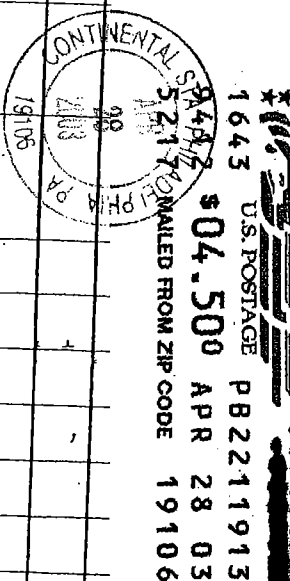
If Registered Mail
 check below:
☐ Insured
☐ Not Insured
 Affix stamp here if issued
 as certificate of mailing,
 or for additional copies of
 this bill.
 Postmark and
 Date of Receipt

| Line | Article Number | Addressee Name, Street, and PO Address | Postage | Fee | Handling Charge | Actual Value (If Reg.) | Insured Value | Due Sender if COD | RR Fee | DC Fee | SC Fee | SH Fee | SD Fee | RD Fee | Remarks |
|--|----------------|---|---------|-----|-----------------|------------------------|---------------|-------------------|--------|--------|--------|--------|--------|--------|---------|
| 1 | | | | | | | | | | | | | | | |
| 2 | | DOMESTIC RELATIONS OF LANCASTER COUNTY 40 East King Street PO Box 83479 Lancaster, PA 17608 | | | | | | | | | | | | | |
| 3 | | PA DEPARTMENT OF PUBLIC WELFARE Bureau of Child Support Enforcement Health and Welfare Bldg. - Room 432 P.O. Box 2675 Harrisburg, PA 17105-2675 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | |
| 5 | | OCCUPANTS/TENANTS 279 Duke Street Ephrata, PA 17522 | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | |
| 9 | | GOOD, ROBIN L. (property) ROBIN L. GOOD 279 DUKE STREET EPHRATA, PA 17522 | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | |
| 12 | | GOOD, ROBIN L. ROBIN L. GOOD 141 Westglen Drive Fort Pierce, FL 34981 | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | |
| Total Number of Pieces Received at Post Office | | | | | | | | | | | | | | | |
| Postmaster, Per (Name of receiving employee) | | | | | | | | | | | | | | | |

PS Form 3877, April 1999

Complete by Typewriter, Ink, or Ball Point Pen

The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for the reconstruction of nonnegotiable documents under Express Mail domestic reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for registered mail sent with optional postal insurance. See Domestic Mail Manual (DMM) 3873, and 3827 for limitations of coverage on insured and COD mail. See International Mail Manual for limitations of coverage on international mail. Special handling charges apply only to Standard Mail (A) and Standard Mail (B) parcels.



Gold

USA

SHERIFF SERVICE

PROCESS RECEIPT, and AFFIDAVIT OF RETURN

PLEASE TYPE OR PRINT LEGIBLY
 DO NOT DETACH ANY COPIES

| | | |
|---|--|--|
| 1. PLAINTIFF/S/ THE UNITED STATES OF AMERICA | | 2. COURT NUMBER 02 CV 4857 |
| 3. DEFENDANT/S/ ROBIN GOOD | | 4. TYPE OF WRIT OR COMPLAINT NOTICE of US MARSHAL SALE |
| SERVE AT | 5. NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO BE SERVED ROBIN GOOD | |
| | 6. ADDRESS (Street or RFD, Apartment No., City, Boro, Twp., State and ZIP Code) 279 DUKE STREET, EPHRATA, PA 17522 | |
| 7. INDICATE UNUSUAL SERVICE: <input type="checkbox"/> DEPUTIZE <input type="checkbox"/> OTHER | | |

Now, 20, I, SHERIFF OF LANCASTER COUNTY, PA., do hereby deputize the Sheriff of _____ County to execute this Writ and make return thereof according to law. This deputation being made at the request and risk of the plaintiff.

SHERIFF OF LANCASTER COUNTY

8. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE:

[Redacted Special Instructions]

NOTE ONLY APPLICABLE ON WRIT OF EXECUTION: N.B. WAIVER OF WATCHMAN – Any deputy sheriff levying upon or attaching any property under within writ may leave same without a watchman, in custody of whomever is found in possession, after notifying person of levy or attachment, without liability on the part of such deputy or the sheriff to any plaintiff herein for any loss, destruction or removal of any such property before sheriff's sale thereof.

| | | |
|--|---|----------------------------|
| 9. SIGNATURE of ATTORNEY or other ORIGINATOR <i>[Signature]</i> | 10. TELEPHONE NUMBER 215-627-1322 | 11. DATE 4/28/03 |
| 12. SEND NOTICE OF SERVICE COPY TO NAME AND ADDRESS BELOW (This area must be completed if notice is to be mailed) Suite 500 The Bourse Building 111 S. Independence Mall East Philadelphia, Pennsylvania 19106 | | |

SPACE BELOW FOR USE OF SHERIFF ONLY – DO NOT WRITE BELOW THIS LINE

| | | | | | | | |
|--|--|---|-----------|------------------------------------|------|---|-----------|
| 13. I acknowledge receipt of the writ or complaint as indicated above. | | NAME of Authorized LCSO Deputy or Clerk ANNETTE WALTON (717) 295-3609 | | 14. Date Received 5/1/03 | | 15. Expiration/Hearing date 7/3/03 | |
| 16. I hereby CERTIFY and RETURN that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service as shown in "Remarks", <input checked="" type="checkbox"/> have executed as shown in "Remarks", the writ or complaint described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., at the address inserted below by handing a TRUE and ATTESTED COPY thereof. | | | | | | | |
| 17. <input type="checkbox"/> I hereby certify and return a NOT FOUND because I am unable to locate the individual, company, corporation, etc., named above. (See remarks below) | | | | | | | |
| 18. Name and title of individual served (if not shown above) (Relationship to Defendant) | | | | | | 19. <input type="checkbox"/> No Service See Remarks Below (No. 30) | |
| 20. Address of where served (complete only if different than shown above) (Street or RFD, Apartment No., City, Boro, Twp. State and Zip Code) | | | | | | 21. Date of Service 6-26-03 | |
| | | | | | | 22. Time 1:05 PM EST | |
| 23. ATTEMPTS | | Date | Miles | Dep. Int. | Date | Miles | Dep. Int. |
| | | 6-26 | 26 | JTF | | | |
| 24. Advance Costs R 127.46 | | 25. Service Costs 150.00 | | 26. Notary Cert. | | 27. Mileage/Postage/N.F. 36.50 | |
| | | | | | | 28. Total Costs 9.36 | |
| | | | | | | 29. COST DUE OR REFUND 104.14 | |

30. REMARKS: **POSTED WRIT ON FRONT DOOR OF SAID PROPERTY**

S.T.A.:

41021

| | | | | | |
|---|--|---|--|----------------------------|--|
| 31. AFFIRMED and subscribed to before me this _____ | | 32. Signature of Dep. Sheriff <i>[Signature]</i> | | 33. Date 6-26-03 | |
| 34. day of _____ 20 | | 35. Signature of Sheriff <i>[Signature]</i> | | 36. Date 6-26-03 | |
| 37. _____ Prothonotary/Deputy/Notary Public | | SHERIFF OF LANCASTER COUNTY <i>[Signature]</i> | | | |
| MY COMMISSION EXPIRES _____ | | | | | |

UNITED STATES DISTRICT COURT

FOR THE

EASTERN DISTRICT OF PENNSYLVANIA

UNITED STATES OF AMERICA

Plaintiff

CIVIL NO. 02CV4857

vs.

ROBIN L. GOOD

Defendant

AFFIDAVIT PURSUANT TO RULE 3129

THE UNITED STATES OF AMERICA, Plaintiff in the above action, by its attorney, Joseph A. Goldbeck, Jr., Esquire, sets forth as of the date the praecipe for the writ of execution was filed the following information concerning the real property located at:

279 Duke Street
Ephrata, PA 17522

1. Name and address of Owner or Reputed Owner:

ROBIN L. GOOD
141 Westglen Drive
Fort Pierce, FL 34981

2. Name and address of Defendant in the judgment:

ROBIN L. GOOD
141 Westglen Drive
Fort Pierce, FL 34981

3. Name and last known address of every judgment creditor whose judgment is a record lien on the property to be sold:

PA DEPARTMENT OF PUBLIC WELFARE
Bureau of Child Support Enforcement
Health and Welfare Bldg. - Room 432
P.O. Box 2675
Harrisburg, PA 17105-2675

DOMESTIC RELATIONS OF LANCASTER COUNTY
40 East King Street
PO Box 83479
Lancaster, PA 17608


4. Name and address of the last recorded holder of every mortgage of record.
5. Name and address of every other person who has any record interest in or record lien on the property and whose interest may be affected by the sale:
6. Name and address of every other person of whom the plaintiff has knowledge who has any record interest in the property which may be affected by the sale.
7. Name and address of every other person of whom the plaintiff has knowledge who has any interest in the property which may be affected by the sale.

OCCUPANTS/TENANTS
279 Duke Street
Ephrata, PA 17522

(attach separate sheet if more space is needed)

I verify that the statements made in this affidavit are true and correct to the best of my personal knowledge or information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

DATED: July 8, 2003


GOLDBECK McCAFFERTY & McKEEVER
BY: Joseph A. Goldbeck, Jr., Esq.
Attorney for Plaintiff

U.S. Department of Justice
United States Marshals Service

Case 2:02-cv-04857-RK Document 1-1
PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

| | | |
|---|--|---|
| PLAINTIFF <u>THE UNITED STATES OF AMERICA</u> | | COURT CASE NUMBER <u>02 CV 4857</u> |
| DEFENDANT <u>ROBERT L. GOOD</u> | | TYPE OF PROCESS <u>NOTICE OF US MARSHAL SALE</u> |
| SERVE ➡ | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>ROBERT L. GOOD</u> | |
| | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>279 DUKE STREET EPHRATA PA 17522</u> | |
| AT | | |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <u>GOLDBECK McCafferty & McKEEVER</u> <u>Suite 500 The Bourse Building</u> <u>111 S. Independence Mall East</u> <u>Philadelphia, Pennsylvania 19106</u> | | |
| | | Number of process to be served with this Form - 285 |
| | | Number of parties to be served in this case |
| | | Check for service on U.S.A. |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
PLEASE POST HANDDEL

| | | | |
|--|---|---|------------------------|
| Signature of Attorney or other Originator requesting service on behalf of: <u>[Signature]</u> | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER <u>215-627-1322</u> | DATE <u>4-28-03</u> |
|--|---|---|------------------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---------------------------|-------------------------------------|------------------------------------|--|------------------------|
| I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) | Total Process <u>1</u> | District of Origin No. <u>66</u> | District to Serve No. <u>66</u> | Signature of Authorized USMS Deputy or Clerk <u>[Signature]</u> | Date <u>4-29-03</u> |
|---|---------------------------|-------------------------------------|------------------------------------|--|------------------------|

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

| | |
|--|---|
| Name and title of individual served (if not shown above) | <input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode. |
| Address (complete only if different than shown above) | Date of Service <u>4-29-03</u> Time <u>4:29</u> am <u>pm</u> |
| | Signature of U.S. Marshal or Deputy <u>[Signature]</u> |

| | | | | | | |
|-------------|---|----------------|---------------|------------------|--|------------------|
| Service Fee | Total Mileage Charges (including endeavors) <u>\$48.96</u> | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal or <u>48.96</u> | Amount of Refund |
|-------------|---|----------------|---------------|------------------|--|------------------|

REMARKS:

LANCASTER COUNTY
136 miles R/F

NOTE

PRIOR EDITIONS
MAY BE USED

3. NOTICE OF SERVICE

FORM USM-285 (Rev. 12/15/80)